

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

APPLICATION FOR CLASS C
CHARTER CERTIFICATE FROM
LOWELL WAKKER dba
CHARIOT OF DREAMS
~~LIMOUSINE SERVICE~~

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 279 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: LOWELL D. WAKKER

Telephone:

(843) 753-2729Address: 2465 RANGER DRIVE

Fax:

CROSS, SC 29436

Other:

Email: LOWELL@CHARIOTOFDREAMS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A RestrictedPosted: 1001☐ Request for Name Change on Certificate☐ Application - Class C TaxiDept: S.A.☐ Request to Amend Scope of Authority☒ Application - Class C CharterDate: 8/17/10☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter BusTime: 10:45☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency

RECEIVED

☐ Request☐ Application - Class C Stretcher Van

AUG 13 2010

☐ Exhibit☐ Application - Class E Household GoodsPSC SC
CLERK'S OFFICE☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: AUGUST 3, 2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) dlb

CHARLOT OF DREAMS

LOWELL WAKKER - OWNER

2465 RANGER DRIVE CROSS, SC 29436

Street Address of Applicant

Mailing Address of Applicant if different from street address

(843) 753 2729

Phone

Fax

LOWELL @ CHARLOT OF DREAMS.COM

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

WEDDINGS + CORPORATE EVENTS

\$ 300 PER HOUR , 3 HR. MINIMUM

Counties to be Served:

BERKELEY, CHARLESTON, DORCHESTER, COLLETON,
BEAUFORT, ORANGEBURG, CLARENDON, WILLIAMSBURG,
SUMTER, CALHOUN, FLORENCE, MARION, HURRY,
GEORGETOWN, JASPER, RICHLAND, LEE

Maximum Number of Passengers per Vehicle:

8

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____ Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Name of Insurance Company

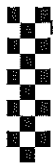
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Kelly Smith**

From: Adam Pierce
Sent: Thursday, August 12, 2010 4:15 PM
To: Kelly Smith
Subject: FW: Lowell Wakker
Attachments: IR_Scanned_to_folder.110001.pdf

Kelly - here is the form..can you please fax it to 803-896-5199? I don't think it needs a cover page....

Thank you!

Adam Pierce, AAI
Lawyers Insurance
8000 Weston Parkway Ste. 200
Cary, NC 27513
919-677-8900 (p)
919-657-0316 (f)
adam@lawyersmutualinc.com

RECEIVED

AUG 13 2010

PSC SC
CLERK'S OFFICE

By the way, we have great rates for your home and auto insurance!

-----Original Message-----

From: Mike Mitchell [mailto:Mike_Mitchell@rpsins.com]
Sent: Thursday, August 12, 2010 4:12 PM
To: Adam Pierce
Subject: Lowell Wakker

Adam;

Please see the attached form that the insured is need for his authority to be set up. Let me know if there is anything else you might need. Thanks!

Mike

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

Lowell Wakker

Name of Motor Carrier

2465 Ranger Dr. Cross, SC 29436

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 1,493

Limits 1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Northland Insurance Company

Name of Insurance Company

385 Washington St. Mail Code 103N, St. Paul, MN 55102

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/12/10

Date

[Signature]

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.



Exhibit FWA

LOWELL D. WAKKER

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF BERKELEY)

Lowell D Wakker
Applicant's Signature

I, LOWELL D. WAKKER, OWNER
Name of Applicant's Representative Title

of CHARIOT OF DREAMS,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lowell D Wakker
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 9 day of August, 2016

[Signature]
Notary Public

Commission Expires My Commission Expires March 26, 2018